# a

ATTORNEY'S DOCKET NO.: PHNL010037 US

As a below attended inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Transmission system for transmitting a multilevel signal"

the specification of which (check one)

1	-	ie	atta	ch	ad	ha	rot	^
, 1		เธ	alla	ıcn	ea	ne	rei	O.

🔀 was filed on	January 14, 2002	as Application Serial No.	10/046.633	and was amended or
				(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37,

Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	01200152.5	16 January 2001	YES
-			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

## PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING; ABANDONED)
•		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;

U.S. Philips Corporation;

580 White Plains Road; Tarrytown, NY 10591

DIRECT TELEPHONE CALLS TO:

(name and telephone No.)

(914) 332-0222

Dated: :March 13,	2002	Inventor's Signature:	/A. GOROKHOV	
Full Name of Inventor	Last Name GOROKHOV	First Name Alexei	Middle Name	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship France	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name VAN DIJK	First Name Marten	Middle Name Erik	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code

1	

Dated:	•	Inventor's Signature:		
				- <del></del>
Full Name of Inventor	Last Name KOPPELAAR	First Name Arie	Middle Name Geert Cornelis	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	<u> </u>	Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	·
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		,
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
Post Office Address	Street	City	State or Country	Zip Code

ATTORNEY'S DOCKET NO .: **PHNL010037 US** 

Country of Citizenship

Zip Code

The Netherlands

State or Country

The Netherlands

As a below named inventor, I hereby declare that:

Residence &

Post Office Address

Citizenship

City

Street

Eindhoven

Prof. Holstlaan 6

My residence, post office address and citizenship are as stated below next to my name.

names are listed below "Transmission system the specification of white	v) of the subject matter v m for transmitting a m ich (check one)	which is cla	aimed and for	ame is listed below) or a which a patent is sough			f plural
☐ is attached hereto.  ✓ Was filed on	nuary 14, 2002			rial No. <u>10/046,633</u>		nd was amende (if applica	ble).
amended by the amen- I acknowledge Code of Federal Regul I hereby claim inventor's certificate lis	dment(s) referred to about the duty to disclose intellations, §1.56(a). Toreign priority benefits	ove. formation v under Title o identified ority is clai	which is mater e 35, United S below any for imed:	nts of the above-identified it is patentability of this states Code, § 119 of an reign application for pate PPLICATION(S)	application in	accordance with	h Title 37, ent or
ÇOUNTRY	APP. NUMBER		DATE OF F		, ,	PRIORITY CL UNDER 35 U.	
Europe	01200152.5		16 January	NTH, YEAR) 2001		YES	5.C. [19
			,			-	
as the subject matter of provided by the first pa in Title 37, Code of Fed international filing date	of each of the claims of the claims of the aragraph of Title 35 Unitederal Regulations, §1,56 of this application:	his applica ed States ( 6(a) which PRIOR UN	ition is not disc Code, §112, I occurred betw NITED STATE	§120 of any United Stat closed in the prior United acknowledge the duty to ween the filing date of the S APPLICATION(S)	d States applica o disclose mate e prior applicati	ation in the mar rial information on and the nati	nner as defined onal or PCT
APPLICATION SERIA	L NUMBER	FILING D	DATE		STATUS (PA   ABANDONEI	TENTED, PEN O)	DING,
12				1 2 142 1 244	7.67.11.15.07.12.		
and belief are believed like so made are punis willful false statements POWER OF ATTORN	I to be true; and further thable by fine or imprison may jeopardize the valiber:  EY: As a named inventors in the Patent and Trains	that these s nment, or b idity of the or, I hereby	statements we both, under Se application or	nowledge are true and the re made with the knowlection 1001 of Title 18 or any patent issued there collowing attorney(s) and therewith. (list name a	edge that willfuf the United Staten.	Il false statement ates Code and to prosecute this a	nts and the hat such
U.S. Philips Corporation	DENCE TO: Corporate F on; d; Tarrytown, NY 10591	atent Cou	nsel;	DIRECT TELEPHONE (name and telephone (914) 332-0222			
Dated:			Inventor's Sig	gnature:		-	
Full Name of Inventor	Last Name GOROKHOV		First Name Alexei		Middle Name		
Residence & Citizenship	City Eindhoven		State or Fore		Country of Ci France	tizenship	
Post Office Address	Street		City		State or Cour		Zip Code
Dated: March 01,	Prof. Holstlaan 6 2002	<u> </u>	5656 AA Kin		The Netherla	inas	
Full Name of Inventor	Last Name VAN DIJK		First Name Marten	V O	Middle Name Erik		

State or Foreign Country

The Netherlands

5656 AA Eindhoven

City



Dated:	•	Inventor's Signature:		
				·
Full Name of Inventor	Last Name	First Name	Middle Name Geert Cornelis	
Residence &	KOPPELAAR City	Arie State or Foreign Country	Country of Citizenship	
Citizenship	Eindhoven	The Netherlands	The Netherlands	
Post Office Address	Street	City	State or Country	Zip Code
	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	-
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence &	City	State or Foreign Country	Country of Citizenship	
Citizenship				T =
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		•
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
·Post Office Address	Street	City	State or Country	Zip Code

ATTORNEY'S DOCKET NO .: PHNL010037 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Transmission system for transmitting a multilevel signal"

the sp	ecification	of	which :	(check	one)	
--------	-------------	----	---------	--------	------	--

is attached hereto.

and was amended on was filed on January 14, 2002 as Application Serial No. 10/046.633

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37,

Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	01200152.5	16 January 2001	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

## PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)
٠٠		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;

U.S. Philips Corporation;

580 White Plains Road; Tarrytown, NY 10591

**DIRECT TELEPHONE CALLS TO:** 

(name and telephone No.)

(914) 332-0222

Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name GOROKHOV	First Name Alexei	Middle Name		
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship France		
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name VAN DIJK	First Name Marten	Middle Name Erik		
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands		
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code	

2/2		

Dated: February 1	9, 2002	Inventor's Signature:	Coppdaan		
Full Name of Inventor	Last Name KOPPELAAR	First Name Arie	Middle Name Geert Cornelis		
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	Country of Citizenship	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code	
-Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name	First Name	Middle Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name	First Name	Middle Name		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Street	City	State or Country	Zip Code	
Dated:		Inventor's Signature:		. ,	
Full Name of Inventor	Last Name	First Name	Middle Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Street	City	State or Country	Zip Code	
Dated:		Inventor's Signature:		•	
Full Name of Inventor	Last Name	First Name	Middle Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship		
Post Office Address	Street	City	State or Country	Zip Code	